

North Valley G.I. Consultants

Gastroenterology, Pancreatic, Biliary & Liver Disease
ERCP, Capsule Endoscopy

Mahendra N. Patel, MD

Robert B. Moghimi, MD

Consent Form

I _____,

CONSENT TO HAVING CAPSULE ENDOSCOPY

Capsule endoscopy is an endoscopic exam of the small intestine. It is not intended to examine the esophagus, stomach, or colon. It does not replace upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examination such as BOWEL OBSTRUCTION. An obstruction may require immediate surgery.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.

I understand that due to variations in a patient's intestinal motility, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost and this may result in the need to repeat the capsule procedure.

I understand that images and dates obtained from my capsule endoscopy may be used, under complete confidentiality for educational purposes in future medical studies.

Dr. _____ has explained the procedure and its risks to me, along with alternatives of diagnosis and treatment and I have been allowed to ask questions concerning the planned examination.

I authorize Dr. _____ to perform capsule endoscopy.

Patient's Name (Please Print)

Patient's Signature

Date

In presence of: Spouse _____
Parent _____

Companion _____
Patient Alone _____

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Mahendra N. Patel, MD

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Date: _____

Patient Name: _____

Re: Capsule Endoscopy

North Valley G.I Consultants will bill my insurance for payment for the capsule endoscopy procedure. However, if my insurance denies payment for the procedure I understand that I am responsible for the balance due.

The cost breakdown is as follows:

- Capsule \$550.00
- Monitor fee \$50.00
- Prof. Fee \$300.00
- Total \$900.00**

Patient's Name (Please Print)

Patient's Signature

Date